



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

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OATH OF OFFICER

STATE OF _____

COUNTY OR PARISH OF _____

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as an officer of the _____,
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such
by the by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God..

Witness' Signature

Officer's Signature

Witness' Printed Name

Officer's Printed Name

Office Held

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____